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COMPARISON OF ONE-YEAR CLINICAL OUTCOMES BETWEEN EARLY INVASIVE AND CONSERVATIVE STRATEGY IN ELDERLY PATIENTS WITH ST-ELEVATION MYOCARIDAL INFARCTION COMPLICATING CARDIOGENIC SHOCK: DATA FROM KOREA ACUTE MYOCARDIAL INFARCTION REGISTRY (KAMIR)

i2 Poster Contributions
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Authors: *Ki-Woon Kang, Kyung-Tae Jung, sahng lee, Shung Chull Chae, Young Keun Ahn, Won Ho Kim, Yu Jeong Choi, Eulji University Hospital, Daejeon, South Korea*

Background: The benefit from early invasive strategy for elderly patients with acute myocardial infarction (AMI) complicating cardiogenic shock was recently reported.

Methods: We collected and analyzed data of 356 elderly (≥75-year old) patients with cardiogenic shock among the enrolled total 4554 acute ST-segment elevation myocardial infarction (STEMI) (2934 male, age 64±13 years) from Korea Acute Myocardial Infarction Registry (KAMIR) between Nov 2005 and Sep 2010. Survival rate free from major adverse cardiac event (MACE) defined as cardiac death, myocardial infarction and target vessel revascularization were compared between early invasive (n=226) and conservative (n=130) strategy during one year of follow-up.

Results: Early invasive strategy was more commonly performed in males than females (83.0% vs. 76.1%, p=0.001). Other baseline clinical characteristics were not significantly different between two groups. In-hospital survival rate of early invasive strategy was higher than conservative strategy (87.4% vs. 75.3%, p=0.013). However, 30-day and one-year MACE-free survival rate were similar between early invasive and conservative strategy (62.8% vs. 62.3%, p=0.512; 60.6% vs. 60.0%, p=0.513).

Conclusions: In the elderly STEMI patients with complicating cardiogenic shock, survival benefit of early invasive strategy seems to be similar to conservative strategy for one-year follow up.